

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

Date _____
(MM/DD/YYYY)

I, _____, apply for a leave of absence as follows:
PRINT YOUR NAME CLEARLY

a. WITH PAY, charged to _____ of _____ working hours
(TYPE OF LEAVE)
for the calendar period from _____ to _____ :
(MM/DD/YYYY) (MM/DD/YYYY)

b. WITHOUT PAY, for the purpose of _____
(TYPE OF LEAVE)*
for the calendar period from _____ to _____ :
(MM/DD/YYYY) (MM/DD/YYYY)

A doctor's certificate is is not attached.

Date: _____ Approval is is not recommended.
(MM/DD/YYYY) _____
(SIGNATURE OF EMPLOYEE)

Date: _____ Approval is is not granted.
(MM/DD/YYYY) _____
(SIGNATURE OF SUPERVISOR)

The section below has been disabled for this electronic form. Only the section above is required.

THE USE OF THIS SECTION IS NOT MANDATORY:
DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE	VACATION	SICK LEAVE
1. Credits accumulated as of Jan. 1, this year		
2. PLUS credits earned from Jan. 1 to date		
3. Total credits to date		
4. LESS leave taken from Jan. 1 to date		
5. NET or unused leave credits as of this date		
6. Number of days leave taken LAST YEAR		

INSTRUCTIONS

1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS – Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.

*Types of leaves – Vacation, sick, maternity, health, military, education, sabbatical, etc.